

South Dakota Department of Agriculture  
Division of Agricultural Services  
Foss Building, 523 East Capitol  
Pierre, SD 57501-3182

Sample Collection Report

The following sample was collected and receipt is hereby acknowledged pursuant to state and federal law.

Product Category:		<input type="checkbox"/> Feed	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Bagged	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Animal Remedy	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Container	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Container	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input type="checkbox"/> Soil Amendment	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dry	<input type="checkbox"/> Bulk	<input type="checkbox"/> Container	<input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational
		<input checked="" type="checkbox"/> Pesticide	<input type="checkbox"/> Use dilution	<input type="checkbox"/> Formulation	<input checked="" type="checkbox"/> Residue	<input type="checkbox"/> Water		

Sample Number: <b>11-SP-19</b>	Date: <b>7-10-18</b>	Product/Material Sampled: <b>(b) (6) Clothes</b>							
Lot or Invoice#	Date Shipped <b>7-11-18</b>	# of Containers Sampled	Size of Containers <b>garbage bag</b>	Amount on Hand					
Owner/Dealer (Name and Complete Address)		Manufacturer/Registrant (Name and Complete Address)							
Sample Collected and Prepared in the Following Manner:									
EPA Reg. # (pesticide only):					EPA Est. # (pesticide only):				
Analysis Requested (Listed % guarantee if label not attached):									
Feed/Animal Remedy:			Fertilizer/Soil Amendment:			Pesticide: (List guarantee/analysis requested)			
<input type="checkbox"/> Protein	<input type="checkbox"/> Ca	<input type="checkbox"/> Nitrogen							
<input type="checkbox"/> Fat	<input type="checkbox"/> Phos	<input type="checkbox"/> Phosphorus							
<input type="checkbox"/> Fiber	<input type="checkbox"/> Salt	<input type="checkbox"/> Potash							
<input type="checkbox"/> NPN	<input type="checkbox"/> Vita	<input type="checkbox"/> Other (list)							
<input type="checkbox"/> Other (list)									
Possible Drug Analysis: (Amprolium, Arsanilic Acid, Carbadox, Chlortetracycline, Decoquinat, Dichlorvos, Lasalocid, Monensin, Oxytetracycline, Piperazine, Pyrantel Tartrate / Pamoate, Sulfa-methazine/methox ine/thiazole, Tetracycline Hydrochloride, Tylosin)									
Comments: <b>Clothes</b>									
The undersigned acknowledges that the sample shown above as obtained from products or devices that were packaged, labeled, and released for shipment or sale, or held for use, received under the supplier or carrier date provided above or that samples were taken from property or product under their control.									
Signature		(b) (6)		Title		<b>Owner</b>			
		(Owner, Operator or Agent)				(Owner, Operator or Agent)			
Signature		<b>Shirley Peterson</b>							
		(Inspector/Investigator)							
Chain of Custody									
Relinquished By: (Signature)				Date:			Time:		
Date Shipped:				Carrier: (Attach Record)					
Received By: (Signature)				Date:			Time:		
Lab Remarks:									